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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/526,003
	Confirmation Number	
	Filing Date	with an effective filing date of August 26, 2003
	First Named Inventor	Helmut SEIDLITZ and Eduard LACK
	Group Art Unit	1724
	Examiner Name	Joseph W. Drodge Fax: (571) 273-8300
Total No. of Pages in this Submission: 14	Attorney Docket Number	HAFTOM P02AUS

ENCLOSURES (check all that apply)

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| <input checked="" type="checkbox"/> Fee Transmittal Form (in Duplicate)[1]
<input checked="" type="checkbox"/> Fee attached - Check \$460.00
<input checked="" type="checkbox"/> Amendment/Response [9] pg.
<input type="checkbox"/> After Final
<input type="checkbox"/> Affidavits/declaration(s)
<input checked="" type="checkbox"/> Extension of Time Request (in Duplicate) [1]
<input type="checkbox"/> Express Abandonment Request
<input type="checkbox"/> Information Disclosure Stmt
<input type="checkbox"/> Certified Copy of Priority Document(s)
<input type="checkbox"/> Response to Missing Part/s Incomplete Application
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment papers (for an Application)
<input type="checkbox"/> Drawing(s)
<input type="checkbox"/> Licensing-related Papers
<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful)
<input type="checkbox"/> To Convert a Provisional Petition
<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address
<input type="checkbox"/> Terminal Disclaimer
<input type="checkbox"/> Small Entity Statement
<input type="checkbox"/> Request for Refund | <input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Status Letter
<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
Postcard |
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REMARKS

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual Name	Michael J. Bujold DAVIS BUJOLD & DANIELS, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	March 10, 2008	

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on March 10, 2008

Signature		Date: March 10, 2008 (aag)
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<p>Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p style="text-align: center;">FEE TRANSMITTAL For FY 2008</p> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p>	<p style="text-align: center;">Complete if Known</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> Application No. Filing Date First Named Inventor Examiner Name Art Unit </td> <td style="width: 50%; vertical-align: top;"> 10/526,003 with an effective filing date of August 26, 2003 Helmut SEIDLITZ and Eduard LACK Joseph W. Drodge 1724 </td> </tr> <tr> <td style="vertical-align: top;"> Attorney Docket No. </td> <td style="vertical-align: top;"> HAFTOM P02AUS </td> </tr> </table>	Application No. Filing Date First Named Inventor Examiner Name Art Unit	10/526,003 with an effective filing date of August 26, 2003 Helmut SEIDLITZ and Eduard LACK Joseph W. Drodge 1724	Attorney Docket No.	HAFTOM P02AUS
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Attorney Docket No.	HAFTOM P02AUS				
TOTAL AMOUNT OF PAYMENT: \$460.00					

METHOD OF PAYMENT (check all that apply)

☒ Check
 ☐ Credit Card
 ☐ Money Order
 ☐ None
 ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number 04-0213 Deposit Account Name: DAVIS BUJOLD & DANIELS, P.L.L.C

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) ☐ Credit any overpayments under 37 CFR 1.16 and 1.17

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FEE CALCULATION

1. **BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	310	155	510	255	210	105	
Design	210	105	100	50	130	65	
Plant	210	105	310	155	160	80	
Reissue	310	155	510	255	620	310	
Provisional	210	105	0	0	0	0	

2. **EXCESS CLAIM FEES**

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	210	105
Multiple dependent claims	370	185

Total Claims -20 or HP = Extra Claims x Fee (\$) = Fee Paid (\$) Multiple Dependent Claims
Fee (\$) Fee Paid (\$)

Indep. Claims -3 or HP + Extra Claims x Fee (\$) = Fee Paid (\$)
 HP = highest number of independent claims paid for, if greater than 3.

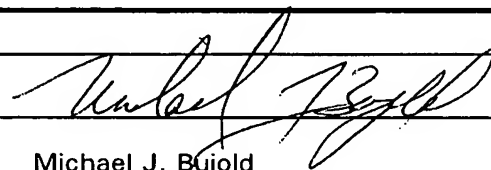
3. **APPLICATION SIZE FEE**
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets -100 = Extra Sheets / 50 = No. of each additional 50 or fraction thereof (round up to a whole number) x Fee (\$) = Fee Paid (\$)

4. **OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)	<u>Fees Paid (\$)</u>
Other (e.g., late filing surcharge): <u>Petition for a Two Month Extension of Term</u>	<u>\$460.00</u>

SUBMITTED BY

Signature		Telephone (603) 226-7490
Name (Print/Type)	Michael J. Bujold	Registration No. (Atty/Agent) 32,018 Date: March 10, 2008